

2187

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
1. County <u>Yavapai</u>			BUREAU OF VITAL STATISTICS		
District <u>Congress</u>			State Index - - - No. <u>434</u>		
Town or City <u>Octave</u>			County Registrar's - No. _____		
			Local Registrar's - No. _____		
			St. _____ Ward _____		
			(If death occurred in a hospital or institution, give its NAME instead of street number)		
2. FULL NAME <u>Al Childers</u>					
(a) Residence. No. <u>Octave</u> St. _____ Ward _____					
(Usual place of abode) (If nonresident, give city or town and State)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u> (Write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) _____					
7. AGE <u>74</u> Years		Months _____		Days _____	
				IF LESS than 1 day _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Miner</u>					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)					
10. NAME OF FATHER <u>Unknown</u>					
11. BIRTHPLACE OF FATHER <u>Unknown</u> (State or country) (city or town)					
12. MAIDEN NAME OF MOTHER <u>Unknown</u>					
13. BIRTHPLACE OF MOTHER <u>Unknown</u> (State or country) (city or town)					
14. Informant <u>Miss Al Childers</u> (Address) <u>Octave, Arizona</u>					
15. Filed <u>4/24</u> , 19 <u>26</u> <u>John Country</u> Local Registrar					
Filed _____, 19 _____ V. S. No. 1 _____ County Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Apr. 4</u> 19 <u>26</u>					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____					
that I last saw h_____ alive on _____, 19____					
and that death occurred, on the date stated above, at _____ m.					
The CAUSE OF DEATH* was as follows:					
<u>Canser of the Stomach</u>					
(duration) <u>5</u> yrs. _____ mos. _____ ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? <u>NO</u> Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____					
(Signed <u>John Country</u> M. D. 19 _____ (Address) <u>Congress Ariz</u>)					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Octave</u>			DATE OF BURIAL _____		
20. UNDERTAKER <u>None</u>			ADDRESS _____		